

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/56503

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		2		1		
12		2		1		
13		1				
14		1				
15		1				
16						
17						
18						
19		1	18			
20		1		1		
21			1			
22		1		1		
23		1		1		
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28		1		1		
29	1		1			
30		16		5		
31		16		4		
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47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	35	←	49	←	←	
TOTAL CLAIMS	40		54			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						